



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Corporation

FOR
SOS - RI SOS STATE
ONLY

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001717697		2. Exact name of the Corporation Connector Design Services, Inc.			
3. Principal Office Address 3524 West Shore Road, Apt 205			City Warwick	State RI	Zip 02886
4. NAICS Code 334417		6. Brief description of the character of business conducted in Rhode Island electronic connector design and manufacturing support services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joseph E. Cachina			Vice-President Name		
Street Address 3524 West Shore Road, Apt 205			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Joseph E. Cachina			Treasurer Name Joseph E. Cachina		
Street Address 3524 West Shore Road, Apt 205			Street Address 3524 West Shore Road, Apt 205		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE 0.01 par value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Joseph E. Cachina			Date 7/25/24		
Signature of Authorized Representative 			JUL 30 2024 BY 1105		